

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155778	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/12/2016
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NAME OF PROVIDER OR SUPPLIER PARKVIEW HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1212 E MAIN ATTICA, IN 47918
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K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/12/16</p> <p>Facility Number: 000323 Provider Number: 155778 AIM Number: 100288440</p> <p>At this Life Safety Code survey, Parkview Healthcare was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type III (211) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, hard wired smoked detectors in all resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 53 and had a census of 45 at the time of this survey.</p>	K 0000	<p>Parkview Healthcare POC submitted on 7/27/2016 Required submission date 7/29/2016 The POC corrective actions must be completed by 8/11/2016 We respectfully request a desk review for all tags. Please find the plan of correction for Parkview Healthcare for the Life Safety survey dated July 12,2016. Please review our plan of correction and accept this as proof of compliance. The preparation and/or execution of this plan of correction does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 0046 SS=E Bldg. 01	<p>All areas where residents have customary access were sprinklered. The facility has one detached garage used for maintenance equipment storage which was not sprinklered.</p> <p>Quality Review completed on 07/14/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 18 battery operated lights were maintained to provide emergency powered illumination. LSC 7-9.2 requires emergency lighting shall be provided for not less than 1 1/2 hours. This deficient practice could affect 16 residents on D hall and 16 residents on F hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 07/12/16 during the tour between 1:39 p.m. to 2:55 p.m., with the Maintenance Supervisor the battery powered emergency lights located in the following locations did not illuminate when tested.</p>	K 0046	<p>K-046</p> <p>It is the intent of this facility to ensure all emergency lighting works and operates properly.</p> <p>1.A new emergency lighting unit was placed on "E" hall across from the Nurse's station and a new emergency lighting unit was placed on the "F" hall across from the kitchen at the service entrance.</p> <p>2.All residents have the potential to be affected.</p> <p>3.The maintenance director was educated on the importance of a strict adherence to his preventative maintenance schedule.</p> <p>4.The Administrator/Maintenance Director/ Designee will monitor and physically test all 18 units monthly to ensure proper operation of all units. The</p>	07/22/2016			

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K 0050 SS=F Bldg. 01	<p>a. E hall across from Nurse's station b. Kitchen on F hall Based on interview on 07/12/16 concurrent with observations with the Maintenance Supervisor it was confirmed the aforementioned battery powered emergency light did not illuminate when tested.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 of 4 quarters. LSC 19.7.1.2 requires fire exit drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire</p>	K 0050	<p>results of these test will be documented and reviewed at the monthly Quality Assurance and performance improvement meeting and recommendations will be made on the testing. 5. Date completed 7/22/2016</p> <p>K-050 It is the intent of this facility that all fire drills are conducted properly, and include verification of the fire alarm signal to the alarm company. 1. The fire drill forms were changed to include the following: a section that allows the maintenance staff to record the verification of the fire alarm transmission to the monitoring company. An actual fire drill was conducted on 7-22-2016 and</p>	07/22/2016			

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K 0056 SS=E Bldg. 01	<p>conditions. This deficient practice affects all residents in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports on 07/12/16 at 3:34 p.m. with the Maintenance Supervisor, the documentation for the drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months, from 06/2016 to 06/2015 indicated verification of the transmission of the signal was not documented. Based on interview concurrent with record review it was acknowledged the documentation of the transmission of the signal was not recorded.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In</p>		<p>verification of the transmission was confirmed with the monitoring company see attachments</p> <p>2.All residents have the potential to be affected.</p> <p>3.The maintenance director was educated on theimportance of verifying the actual transmission of the alarm to the monitoringcompany.</p> <p>4.The administrator and maintenance director willmonitor all monthly fire drills for alarm verification. The results will bereviewed at the Quality assurance and Performance improvement meeting.</p> <p>5.Dated completed: 7-22-2016</p>				

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	<p>Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 steel armover sprinkler pipes observed was installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect all residents if the sprinkler system required repair as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 07/12/16 at 2:15 p.m. with the Maintenance Supervisor, the metal sprinkler pipe located at the center of the outside wall of the Dining room was observed to be at least three feet in length and was unsupported. Based on interview concurrent with the observation with the Maintenance Supervisor it was acknowledged the aforementioned steel sprinkler pipe armover exceeded twenty four inches in</p>	K 0056	<p>K- 056 It is the intent of this facility that all sprinkler pipewill have a support every twenty-four inches.</p> <ol style="list-style-type: none"> 1.Safe care sprinkler company added an additionalsupport hanger within 24 inches of the sprinkler head. - on July 20, 2016. 2.All residents have the potential to be affected. 3.The maintenance director, administrator is awareof the requirement to have a support for sprinkler piping within twenty-fourinches of the sprinkler head. 4.Safe care will monitor on a quarterly basis andinclude their findings in the quarterly report. Maintenance and Administrator will continue to monitor as well. 5.July 20, 2016 	07/20/2016	

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	length and was unsupported. 3.1-19(b)				